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## BEFORE THE INSURANCE COMMISSIONER OF THE STATE OF UTAH

#### UTAH INSURANCE DEPARTMENT,

Complainant,

٧.

POLESTAR BENEFITS, INC. 412 Jefferson Parkway, #202 Lake Oswego, OR 97035 License No. 535538

Respondent.

### STIPULATION AND ORDER

Docket No. 2015-102 LC

Enf. Case No. 3661

Judge Mark E. Kleinfield Administrative Law Judge

## STIPULATION

The Utah Insurance Department ("Department"), by and through its legal counsel, and Polestar Benefits, Inc. ("Respondent"), hereby stipulate and agree as follows:

- 1. Respondent is an active Non-Resident Third Party Administrator authorized to do business in the State of Utah under License No. 535538. Respondent's business address is 412 Jefferson Parkway, #202, Lake Oswego, OR 97035.
- 2. The Department has jurisdiction over the parties and subject matter of this administrative action.

3. Respondent acknowledges notice of agency action pursuant to Utah Code § 63G-4-210; acknowledges that this Stipulation and Order is an informal proceeding pursuant to Utah Code § 63G-4-202; and irrevocably waives the right to any hearing, review or appeal concerning this matter.

4. Respondent has the right to be represented by legal counsel and waives this right by either having sought the advice of legal counsel or by having voluntarily chosen not to do so.

5. This signed Stipulation and the signed and Order by the Commissioner or his representative, along with any Findings of Fact and Conclusions of Law, shall not be subject to any reconsideration, renegotiation, modification, hearing or agency review or appeal.

6. The Findings of Fact and Conclusions of Law presented below are accepted by the parties.

7. The issuance of the signed and adopted Order proposed below is solely for the purpose of disposing of the specific matter entitled herein.

8. The only promises, agreements and understandings that the parties have regarding this matter are contained in this Stipulation.

 Respondent enters into this Stipulation voluntarily, knowingly, and free from any coercion of any kind.

10. The persons signing this Stipulation on behalf of the named parties hereby affirm that they are authorized to sign and bind the parties.

Dated this \_\_\_\_\_ day of \_\_\_\_\_\_\_, 2015.

POLESTAR BENEFITS, INC.

Eric S. Graham, Director

Dated this 14 day of September . 2015

Gary D. Josephson, Asst. Attorney General UTAH INSURANCE DEPARTMENT

Based upon the foregoing Stipulation and Department file, the Presiding Officer makes the following Findings of Fact:

## FINDINGS OF FACT

- On July 18, 2015, Respondent submitted an application to the Department, in which Respondent stated that no administrative actions had been taken against it.
- 2. The Department determined that there had previously been three administrative actions taken against Respondent in the State of Nevada. These actions were not reported to the Department.
- On August 3, 2015 a letter was sent to Respondent outlining the alleged nonreporting violations and requesting an explanation of the prior Nevada administrative actions.
- On August 13, 2014, the Department received a response from Respondent that included the explanation that Respondent had a change in leadership and that the new leadership was unaware of the reporting requirement. The response also included copies of the Nevada administrative orders dated July 2, 2013, March 26, 2014, and March 17, 2015. All orders were related to Respondent's failure to timely file with the State of Nevada. Copies of the checks for payment of the administrative forfeitures to Nevada were also enclosed.

- Respondent has had no prior administrative action in Utah and was cooperative with the Department's investigation.
- 6. On August 24, 2015, Respondent agreed to an administrative forfeiture in the amount of \$750.00

Based upon the foregoing Stipulation and Findings of Fact, the Presiding Officer enters the following Conclusions of Law:

## CONCLUSIONS OF LAW

- 1. Utah Code Section 31A-23a-105 was violated by Respondent when it filed an application but did not report prior administrative actions taken against it in Nevada.
- 2. Respondent also failed to comply with Utah Admin. Code R. 590-244-4(1)(a)(d) that requires a licensee to use SIRCON or NIPR to electronically submit all documents related to prior administrative actions taken against it.
- 3. An administrative forfeiture in the amount of \$750.00 is appropriate under the circumstances of this matter.

Based upon the Findings and Fact and Conclusions of Law, the Presiding Officer enters the following Order:

#### ORDER

RESPONDENT IS HERDBY ORDERED to pay an administrative forfeiture in the amount of \$750.00 to the Department within 30 days of the date of this signed Order.

DATED this 15 day of Septenber, 2015.

TODD E. KISER

Insurance Commissioner

MARK E. KLEINFIELD

Administrative Law Judge Utah Insurance Department

## NOTIFICATION TO RESPONDENT

You are hereby notified that a failure to obey an Order of the Commissioner may subject you to further penalties, including forfeitures of up to \$5,000 per violation and the suspension or revocation of your license and the filing of an action in district court, which may impose forfeitures of up to \$10,000 per day for continued violation.

You are further notified that other jurisdictions in which you may be licensed may require that you report this action to them.

## **CERTIFICATE OF MAILING**

The undersigned hereby certifies that on this date, a true and correct copy of the

foregoing STIPULATION AND ORDER was mailed, postage prepaid, to the following:

DATED this 15th day of September . 2015.

POLESTAR BENEFITS, INC. 412 JEFFERSON PARKWAY, #202 LAKE OSWEGO, OR 97035 ATT: ERIC S. GRAHAM, DIRECTOR

LINDA HARDY

UTAH INSURANCE DEPARTMENT STATE OFFICE BUILDING, ROOM 3110

**SALT LAKE CITY, UT 84114-6901** 

## UTAH Invoice

Printed Date: September 15, 2015

Invoice Date: September 15, 2015

Balance Due: \$750.00

Due Date: October 20, 2015

Invoice ID: 799689

POLESTAR BENEFITS INC 412 JEFFERSON PKY 202 LAKE OSWEGO OR 97035

**Item Description** 

**Payments Received** 

Monetary Penalty Agency

Original Amount Due

**Amount** \$750.00

ount Due \$750.00

**Balance Due** 

# UTAH Invoice

Printed Date: September 15, 2015

Invoice Date: September 15, 2015

Balance Due: \$750.00

Due Date: October 20, 2015

Invoice ID: 799689

Make checks payable to: Utah Insurance Department

Send payment to:

Utah Insurance Department 3110 State Office Building Salt Lake City, UT 84114-6901